

(NPS Form 10-932)  
(OMB No. 1024-0026)  
(NEW 10/00)  
(Expires 3/31/2010)

**National Park Service**  
**Jefferson National Expansion Memorial**  
**11 North Fourth Street**  
**St. Louis, Missouri 63102**  
**PHONE: 314-655-1613      FAX: 314-655-1640**



**Application for Commercial Filming/Still Photography Permit**

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow **AT LEAST** four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of liability insurance naming the United States as also insured.

Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
E-mail:	E-mail:

  

Project name:	Producer:
Location manager:	Photographer:
Telephone #:	Director:
Cell phone #:	Insurance company:
E-mail:	

**TYPE OF PROJECT:** ☐ Stills, editorial   ☐ Stills, advertising   ☐ stills, other   ☐ stock photo/video/film   ☐ Feature Film /TV Movie   ☐ TV Series/Pilot   ☐ Documentary/Travelogue   ☐ Commercial  
☐ Music Video   ☐ Infomercial   ☐ Industrial   ☐ Public Service Announcement  
☐ Other, explain \_\_\_\_\_

Will there be sound recording   ☐ Yes   ☐ No

Night work:   ☐ No   ☐ Yes, explain \_\_\_\_\_

**Detailed description of on-site activities** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Talent comprise anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service and concessioner staff, etc.

**Do you intend to utilize talent?** ☐ Yes ☐ No

If yes, provide a full description of who they are and how they will be utilized:

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**LOCATION SCHEDULE:**

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM	STRIKE	PREP	# of cast & crew*
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

\*number in this column should include all individuals present at the location

How will individuals with access to the site be identified? (Identification tags are recommended.)

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Electrical needs, explain \_\_\_\_\_ **THERE IS NO POWER AVAILABLE ON PARK GROUNDS FOR YOUR USE**

Generator: ☐ No ☐ Yes, size **GENERATORS MUST BE LOCATED OFF OF PARK PROPERTY**

Lighting: ☐ None ☐ Reflectors only ☐ Yes (explain) \_\_\_\_\_

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Road Use: **N/A--THERE ARE NO ROADS WITHIN PARK BOUNDARIES, ONLY SIDEWALKS**

Date/time: \_\_\_\_\_ ☐ Closure requested

☐ Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on median ☐ Other (explain) \_\_\_\_\_

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**OPERATIONAL INFORMATION:**

**Vehicles:**

Personal Cars \_\_\_\_\_ Large Trucks \_\_\_\_\_ Other Trucks \_\_\_\_\_ Vans \_\_\_\_\_ Motor homes \_\_\_\_\_

Semi-Tractor Trailers \_\_\_\_\_

Camera Car \_\_\_\_\_

Picture Cars \_\_\_\_\_

Dressing Rooms \_\_\_\_\_

Other Vehicles (explain)\_\_\_\_\_

**Large or oversized vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage to park resource occurs.**

**Vehicles to be parked on or need access to park property (attach additional sheets if necessary):**

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #

Base Camp location (attach diagram if necessary: \_\_\_\_\_)

**CATERING INFORMATION**

Catering Co. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

On-site Manager \_\_\_\_\_ Food License Information: \_\_\_\_\_

Equipment: \_\_\_\_\_

**SPECIAL ACTIVITIES:**

Children:   o None    o Yes    # of Children \_\_\_\_\_ Age Range \_\_\_\_\_

Animals:   o None    o Yes (explain)

Trainer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Aircraft:   o No    o Yes (explain)

Special Effects: (identify)

Effects Technician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

License # (if applicable) \_\_\_\_\_ Permit # (if applicable) \_\_\_\_\_

Stunts: (explain)

Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Any other unusual or hazardous activities? explain \_\_

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Are you familiar with/ have you visited the requested area?

☐ Y    ☐ N

Have you obtained a permit from the National Park Service in the past?

☐ Y    ☐ N

(If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event?

☐ Y    ☐ N

**ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT REQUEST INCLUDING:** set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).

**CONTACTS:** \_\_\_\_

**Person on location responsible for company's adherence to all terms & conditions of a Film Permit:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person on location responsible for coordinating activities with the NPS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person at the company office to contact for follow up information and billing:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*  
I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Company Name** \_\_\_\_\_

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Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of **\$150.00** made payable to **National Park Service**. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable. *This completed application should be mailed to Jefferson National Expansion Memorial at the Park address found on the first page of this application.*

**Note** that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

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*The above application form is provided with the understanding that parks will insert appropriate park names and addresses and the amount of the application fee as desired.*

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2465), Washington, D.C. 20240